

City of Franklin Addendum No. 3 to

Purchasing Office Solicitation No.: 2012-022

1. Solicitation identified: This **Addendum No. 3** applies to the following five (5) separate and independent group employee insurance procurements:
(a) health benefit program and associated services; (b) pharmacy benefit management; (c) dental benefit program and associated services; (d) group life, accidental death and dismemberment, and supplemental life; and (e) long-term disability

Purchasing Office Solicitation No.: 2012-022

2. Notice to Proposers publication date: **February 9, 2012**
3. Solicitation release date: **February 8, 2012**
4. Deadline for optional submittal in writing of questions seeking to revise or clarify any aspect of this procurement solicitation: **February 22, 2012, 2:00 p.m. Central Time**
5. Addendum No. 1 release date: **February 24, 2012**
6. Deadline for submittal of a non-binding statement of intent to propose: **February 24, 2012, 2:00 p.m. Central Time**
7. Addendum No. 2 release date: **March 2, 2012**
8. Addendum No. 3 release date: **March 7, 2012**
9. Proposals submittal deadline and opening: **March ~~12~~ 15, 2012, 2:00 p.m. Central Time**
10. Interviews of one or more finalists may be conducted (health and dental categories only): **April 9-13, 2012
(date and time to be determined)**
11. Tentative date of release of City's tabulation of proposals received and notice of intent to award: **April 20, 2012**
12. Tentative date of award: Meeting of Board of Mayor and Aldermen at which is tentatively scheduled to be awarded the selection of the proposal that best meets the needs of the City: **May 8, 2012, 7:00 p.m. Central Time**
13. Target effective date of contract(s): **July 1, 2012**

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14. Addendum:

In reference to the City of Franklin's **February 8, 2012** Purchasing Office Solicitation No. **2012-022** for the supply and delivery of group employee insurance benefits, the City has been asked certain questions about the solicitation by one or more vendors who are potential proposers.

The purpose of this Addendum No. 3 is to provide to all vendors who are known or thought to be interested in responding to the referenced solicitation the City's responses to questions that were asked prior to the February 22, 2012, 2:00 p.m. Central Time deadline for submittal of questions seeking to revise or clarify any aspect of this procurement solicitation and that were not already answered in Addendum No. 1.

Please note that the submittal deadline and scheduled opening of all proposals received was postponed per Addendum No. 2 to:

March 15, 2012, 2:00 p.m. Central Time

Below are the selected questions referenced above and the City's responses thereto:

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Q1: The BOMA/City Judge ee's do not have an annual income on the census. Are these ee's supposed to be included under the LTD/Life? If so, we will need their annual income.

A1: The Board of Mayor and Aldermen are eligible for supplemental life coverage of \$10,000. They are not eligible for basic life, AD&D, or LTD. The City Judge is not eligible for basic life, AD&D, supplemental life, or LTD.

Q2: Update the census with Supplemental Life elections.

A2: Census has been updated to include supplemental life coverage.

Q3: Update LTD claims experience should include: Open v. Closed claims, reserves.

A3.1: As to claims history for the past three years, available claims data is available upon request to:

Lisa Stamm, Esq.
SHERRILL MORGAN
859-291-6600
lisa@sherrillmorgan.com

A3.2: As to reserves, the current carrier does not provide this information.

Q4: Does the Life experience include Basic and Supplemental bundled into one report? If so, we need it broken out so the report identifies Basic v. Supplemental experience.

A4: The Supplemental Life experience is broken out on the report and labeled "LIFSUP1."

Q5: Open PW claims (this report should identify if the PW is for Basic or Supp).

A5: No waiver of premium claims at this time.

Q6: Full dental booklet.

A6: Please see Addendum No. 1, Answer 1.1.

Q7: Does the ER pay the full Dental ASO fee or does the employee share this cost? If it is shared, what portion does the ER pay?

A7: The City currently contributes 100% of the single dental premium and 68% of the family dental premium.

Q8: Do the retirees receive a Life benefit? If so, what is the benefit amount?

A8: Retirees are not eligible for life insurance benefits.

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Q9: Delta Dental and Dearborn National renewal.

A9: Renewal rates are not available at this time.

Q10: How many employees are eligible for the Dental, Life and LTD?

A10: As of 3/1/2012: 626 employees are eligible for health and dental; 616 employees are eligible for basic life, AD&D and LTD; and 625 employees are eligible for supplemental life.

Q11: Complete plan description

A11: Sherrill Morgan is releasing plan descriptions. Please direct such requests to:

Lisa Stamm, Esq.
SHERRILL MORGAN
859-291-6600
lisa@sherrillmorgan.com

Q12: Census of employees with age, genders and zip codes.

A12: Sherrill Morgan is releasing census information. Please see above A11 for contact information.

Q13: Dental claims experience – the most recent 24 months of claims, covered lives, and premium on a monthly basis.

A13: As to dental claims experience, please see above A3.

Q14: Amount of [dental] employer contribution.

A14: Please see above A7.

Q15: Type of [dental] contract – fully insured or self-funded.

A15: The City is requesting self-funded dental proposals but will consider fully insured dental proposals.

Q16: Commissions if any.

A16: All proposals are to be quoted net of commissions.

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Q17: Please send the census, schedule of benefits, any claims experience for the City's Dental Plan, Group Life/ADD/Supplemental Life and Long-Term Disability.

A17.1: As to the census, please see above A12.

A17.2: As to the schedule of benefits, please see above A11.

A17.3: As to claims experience, please see above A3.

Q18: Life: Please provide open waiver listing is available.

A18: Please see above A5.

Q19: LTD: Rate history including current and renewal rates.

A19.1: As to current rates, please see Addendum No. 1 A1.2.

A19.2: As to renewal rates, they are not available at this time.

Q20: Open and closed claims count/listing to use alongside the incurred exhibit already provided.

A20: Please see above A3.

Q21: Please provide LTD rate history, paid premium, claims counts and reserves for the last three years.

A21.1: As to rate history, please see Addendum No. 1 A1.2.

A21.2: As to claims counts, please see above A3.

A21.3: As to reserves for the last three years, please see above A3.2.

Q22: What are the current supplemental life rates and what % participation do they have?

A22.1: As to the rates, please see Addendum No. 1 A1.2.

A22.2: As to % participation, 100% of those eligible are enrolled in supplemental life.

Q23: Can the questionnaire be provided in Word format?

A23: Please see Addendum No. 1 A9.

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Q24: Can you confirm which Blue Cross Network is currently utilized- Select or Preferred?

A24: Blue Network P.

Q25: Please provide a utilization reporting packet for the most recent reporting period available- the report is referred to as the "Account Report Package B" in the Blue Cross system.

A25: Please see above A3.

Q26: Please provide an explanation of how ITS/BlueCard fees are currently paid (i.e., fixed cost basis or % of savings and administrative fee).

A26: Percentage of savings and administrative fee.

Q27: Please provide a report of ITS/BlueCard fees for 02/01/2011-01/31/2012.

A27: This report is now available upon request to Lisa Stamm. Please see above A11 for contact information.

Q28: Please provide a pharmacy utilization report outlining the most recent 12-month period available that includes total scripts, scripts by setting (retail/mail), most utilized drugs (by cost and script count), and paid claim information.

A28: This report is now available upon request to Lisa Stamm. Please see above A11 for contact information.

Q29: Please provide monthly paid claim and enrollment information for the time period 02/01/2011-01/31/2012 on Blue Cross report paper.

A29: Please see above A3.

Q30: Please provide a large claim with diagnosis report (deidentified) for the time period 02/01/2011-01/31/2012 on Blue Cross report paper.

A30: The City is not requesting stop loss proposals at this time, so large claims information is not being provided.

Q31: Please confirm that no plan changes were made at 07/01/2011.

A31: The plan made certain PPACA changes and enhanced the wellness benefits.

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Q32: What is the five-year carrier/administrator history for the City of Franklin?

A32.1: As to carrier history, the City is not requesting stop loss proposals at this time.

A32.2: As to administrator history, the City's health plan has been administered by Blue Cross Blue Shield of TN for the past five years.

Q33: Please provide the current administrative fees and current Blue Cross contract between the City of Franklin and Blue Cross.

A33.1: As to administrative fees, please see Addendum No. 1 A1.2.

A33.2: As to the Blue Cross contract, this is now available upon request to Lisa Stamm. Please see above A11 for contact information.

Q34: Please provide contributions by line of coverage (medical, dental, life, LTD/STD).

A34: This information is now available upon request to Lisa Stamm. Please see above A11 for contact information.

Q35: Are post-65 retirees currently covered in any manner under the plan?

A35: No, health insurance benefits terminate when retirees reach age 65.

Q36: Are members able to obtain a 90-day supply of a drug in a retail pharmacy setting or only from the mail order pharmacy?

A36: Retail at certain pharmacies and mail order.

Q37: Does the City of Franklin currently have any type of value-based pharmacy design in place to incent members with chronic conditions to comply with their pharmacy regimens?

A37: No.

Q38: Does the City of Franklin currently provide any onsite medical/pharmacy care delivery?

A38: No.

Q39: Please describe any existing wellness programs that are in place today at the City of Franklin.

A39: The City of Franklin offers seasonal flu shots, health screenings, annual health and wellness fair, on-site fitness center, and various wellness related programs throughout the year.

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Q40: Does the City of Franklin currently purchase any buy-up programs for disease management, health coaching, or wellness services (through Blue Cross' relationship with Health Dialog, OnLife, etc... or through a third party vendor)?

A40: No

Q41: Please confirm what Dental network is currently utilized by the City of Franklin (i.e., Delta Preferred, Delta Premier, or a "3-tier" network using both).

A41: Dual Network Advantage Plan -- Delta Dental Premier and Delta Dental PPO.

Q42: Per our conversation, below is our RFP Checklist which describes what is needed to proceed with the quoting process. Please review and let us know if you have any questions.

- **Group Information:**

- Group Name
- Street address, city and zip code for all locations
- Effective date
- Industry code (SIC Code)
- Employer contribution to the premium (EE/ES/EC/F)
- Employer contribution to CDHP (HSA or HRA) accounts by Employee / Family
- At least 3 years of carrier history

- **Census Information in Excel Format that includes:**

- Date of birth
- Gender
- Coverage Type / Status (EE/ES/EC/Fam)
- Plan election (HMO, PPO, HSA, Waived, etc.)
- Residential zip code
- Indicate whether an employee is a COBRA participant and include all above information for those employees
- Note that we do not include COBRA participants in the number of eligible employees. This can cause a RFP to move to our small business team.
- Also note that part time employees and other non-eligible employees do not need to appear on the census

- **Broker of Record Information**

- Brokerage firm name
- Producer name
- Contact information
- Commission for all products requested
- Due date for RFP
- Are Incumbent Agent or Prospecting

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- **Current and Renewal Plan and Rate Information**

- Name of current carrier
- Aggregate stop loss level or aggregate corridor (%)
- Benefit summaries for all plans including Rx
- Current rates and renewal rates

Additional requirements for Groups that are Currently Self-Funded

- Aggregate stop loss level or aggregate corridor (%)
- Expected claims and/or aggregate factors
- Specific stop loss amt (\$)
- Specific & aggregate premiums
- Claim/contract basis (12/12, 15/12, paid, etc...)
- Administration fee—Include the services provided in the fee.
- Amt of commissions that are included in any of the fees or premiums

- **Claims Information**

- 24 months of month to month claims data that includes at least the following:
 - # of subscribers enrolled per month
 - # of members enrolled per month
 - Monthly premium
 - Monthly claims
- High Claims Data
 - In the form of two 12 month reports with dates that correspond to the month to month experience described above
 - In an effort to reduce the possibility of human error, we prefer to see all claims experience on carrier letterhead

- **Employer Application** – For groups that have an annual premium of \$1,200,000 or less, UnitedHealthcare requires that the UHC employer application is completed before the rates are finalized. All questions must be answered on the form. If the answer to a question is unknown, please answer the question as “No.” The form must be signed and dated. Please note that employer applications are different from state to state and are different for 2-99 and 100+ employers. Please contact your UHC representative for the most current application that meets your needs.

- **Miscellaneous**

- Please indicate if the group plans on making changes to any of the information above. For example:
 - Proposed changes to employer contributions
 - Proposed changes to CDHP account contributions
 - Proposed changes to broker commission level

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A42.1: As to group name, street address, city and zip code, and effective date, please see Request for Proposals.

A42.2: As to employer contributions, please see above A34.

A42.3: As to carrier history, please see above A32.1 and A32.2.

A42.4: As to the census, please see above A12.

A42.5: As to brokerage firm name, producer name, contact information, commission, due date, and incumbent agent, please see Request for Proposals.

A42.6: As to current carrier, please see Request for Proposals.

A42.7: As to benefit summaries, please see above A11.

A42.8: As to current rates, please see Addendum No. 1 A1.2.

A42.9: As to renewal rates, they are not available at this time.

A42.10: As to aggregate stop loss level or corridor, expected or aggregate factors, specific stop loss amount, specific and aggregate premiums, and claim/contract basis, please see above A32.1.

A42.11: As to administration fee, please see Addendum No. 1 A1.2.

A42.12: As to commission, please see Request for Proposals.

A42.13: As to monthly claims data, please see above A3.

A42.14: As to high claims data, please see above A30.

A42.15: As to the employer application, the City is not requesting fully insured or stop loss proposals at this time.

A42.16: As to potential changes to employer contributions, the City has not yet made that determination.

A42.17: As to potential changes to CDHP account contributions, the City has no such accounts currently.

A42.18: As to broker commissions, please see above A16.

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Q43: Please provide the current Dental census, schedule of benefits, claims experience and any other Dental documents required to properly respond.

A43.1: As to the current Dental census, please see above A12.

A43.2: As to the schedule of benefits, please see above A11.

A43.3: As to claims experience, please see above A3.

Q44: The RFP did not specifically address commission compensation. With Sherrill Morgan as the Consultant, shall we prepare our rates with 0% commission compensation?

A44: Please see above A16.

Q45: Dental Network: The RFP states to "... provide ratings of the proposed network" Please elaborate your request for "ratings." We are uncertain what is meant by "ratings of the proposed network."

A45: If the dental carrier is an insurance company rated by Standard & Poor's, Moody's, etc., then provide your financial rating. If not, then you may disregard the question.

Q46: On the job occupation part of the census what does the following mean? 9- Employees listed as BOMA. Is this an occupation? What are their salaries? 30- Employees listed as retirees – do they receive any benefits?

A46: Board of Mayor and Aldermen. Qualifying retirees are only eligible for group health coverage until the age of 65.

Q47: The LTD experience ends on 7/2010. Is there any updated experience? If yes please provide the following experience information:

- Current open claims list
- Closed claims list (last 4 years)
- Date of Disability
- Date of Birth
- Net Monthly Benefit
- Reserves (Gross Benefit, DX and SS approval desired)
- Current/Historical/Renewal rate history

A47: Please see above A3.

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Q48: The group is currently self-funded with BCBS as the administrator. They have a Paid contract type on the aggregate, 12/12 specific with \$200k specific deductible, Med/Rx covered. HM is the stop loss carrier. Does BCBS have mandatory run out? If so, BAS will request 12/12 contract type for both specific and aggregate.

A48: Please see above A32.1.

Q49: It appears there are 2 claimants who have met 50% of the specific deductible. We will need diagnosis on these claimants and case management reports, if available.

A49: Please see above A30.

Q50: More recent Basic Life experience, current only goes thru 1/2011.

A50: Please see above A3.

Q51: More recent LTD experience, current only goes thru 2010.

A51: Please see above A3.

Q52: We would need volumes on the census for Supp Life.

A52: Please see above A2.

Q53: Can I please request the following documents in their original (non-PDF) format:

- City of Franklin Standard Terms and Conditions
- City of Franklin Procurement Agreement
- City of Franklin Notice of Confidentiality and Proprietary Rights
- City of Franklin Indemnification Agreement
- City of Franklin Affidavit of Title VI Compliance
- City of Franklin Affidavit of Non-Collusion
- City of Franklin Proposal Submittal Form
- City of Franklin Request for Proposal

A53: Please see Addendum No. 1 A9.

Q54: I had a quick question on the City of Franklin and their self-funded dental plan; unfortunately, we are unable to provide an ASO quote due to the size of the account, so I was curious if they would consider a fully-insured proposal? Please let me know either way whenever you get a chance.

A54: The City will consider fully insured dental proposals.

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Q55: We intend to provide quotes for the dental, life and disability. Would you provide census plan booklets, and experience data you have available? We will review and return any questions by the date indicated.

A55.1: As to the census, please see above A12.

A55.2: As to the plan booklets, please see above A11.

A55.3: As to experience data, please see above A3.

Q56: Census with current elections, sex, zip code, DOB and plan choice if there is a dual option. Current plan design. Current bill. 2-5 years of experience broken out by month with paid claims vs. paid premium. Rate history for each experience period provided. Plan changes (if any). Requested commission level. Top 50 provider data for disruption report.

A56.1: As to the census, please see above A12.

A56.2: As to the current plan design, please see above A11.

A56.3: As to experience, please see above A3.

A56.4: As to plan changes, please see above A31.

A56.5: As to requested commission levels, please see above A16.

A56.6: As to the top 50 provider list, the top 10 providers are currently available upon request to Lisa Stamm. Please see above A11 for contact information. A more detailed list may be provided to finalists.

Q57: Can you supply me with Additional Life participation and volumes?

A57: Please see above A3.

Q58: I have reviewed this RFP and I do not discover a census that would allow for us to secure a quotation for the Group Life, AD&D and LTD

A58: Please see above A12.

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Q59: I do not see any specifications for the quotation of the specific & aggregate coverage. The reports you have provided indicate that for the current policy period the specific deductible is \$200,000 on a 12/12 claim basis. The aggregate, on the other hand, is shown to be on an 87/12 basis? Can you explain this? Did this group go self-funded as of 7/1/2011? I need for you to confirm that we are being asked to quote specific & aggregate coverage, the specific deductible amount(s), the claim basis of the coverage to be quoted for the specific & aggregate coverage & the benefits covered under each contract.

A59: Please see above A32.1.

Q60: The aggregate report provided begins on 7/1/2011. The monthly paid claims are provided for a period of 1/2009-3/31/2011. This leaves a 3 month gap for the period of 4/1/2011-6/30/2011. Please update the Claim Payments by Group by Month for the period of 4/1/2011-6/30/2011. This information is available through the Blue Access portal.

A60: This information is now available and will be provided upon request. Please see above A3.

Q61: Please provide me with an "Enrollment by Group by Month" report from BCBST for the period of 1/2009-6/2011.

A61: Please see above A60.

Q62: Please confirm that this group was fully insured prior to 7/1/2011 with Blue Cross of Tennessee.

A62: The group was not fully insured prior to 7/1/2011.

Q63: Please advise if HM Insurance has placed a laser on any of the participants and, if so, what amount & particulars.

A63: Please see above A30.

Q64: What does the job title "BOMA" mean on the submitted census? I have also read the definition of an eligible employee and I do not discover where an elected official is an eligible employee but I note several job titles that might suggest elected officials are covered. Is there an amendment to this EOC that extends coverage to these individuals or did I just miss the language that supports their inclusion?

A64: Board of Mayor and Aldermen. There will be an amendment to this effect.

Q65: Is the dental coverage with Delta Dental fully insured or self-funded?

A65: Self-funded.

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Q66: I do not discover an EOC or Summary of Benefits for the Group Life, AD&D or LTD benefits with the materials submitted to date. The RFP seems to suggest that these benefits are to be quoted but I do not discover the formula for these benefits that would allow me to generate a quote. Will this information be forthcoming?

A66: Please see above A11.

Q67: Are commissions to be included? Is so, what is the commission level?

A67: Please see above A16.

Q68: Please indicate on the census the mayor and the alderman as they have a different Life guarantee issue amount.

A68: These are indicated by "BOMA."

Q69: We will need occupations in order to underwrite the disability.

A69: These are included on the census. Please see above A12.

Q70: What are the current medical Administrative fees charged by BCBS of TN?

A70: Please see Addendum No. 1 A1.2.

Q71: Will the Plan request bidders of the medical component to disclose any capitated fees that may be included in their proposal/contract, i.e., if capitation will be included for services such as mental health services, will this Per Member Per Month amount need to be disclosed?

A71: The City has no plans to do so at this time, but reserves the right to request such disclosure.

Q72: What is the process for validating self-reported provider contract allowances, discounts and claims re-pricing protocols?

A72: The City regards all such self-reported data as potentially unreliable. If a re-pricing is necessary, the City will contract with an independent actuary for that purpose.

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Q73: What is the city's position on carving out the PBM services? What is the Plan's position of a bidder that may not meet the specific PBM requirements of a fully transparent and pass-through basis, but is committed to integrating with a carve-out PBM, of the City's choosing?

A73: The City's intention is to establish a fully transparent, pass-through pharmacy program. The City is willing to carve out these services from health benefit administration. For this reason, the City is considering pharmacy benefit management and health benefit administration separately. Proposals for health benefit administration will be considered provided the proposer is willing to integrate with whichever pharmacy benefit manager the City selects.

Q74: Would the city consider guaranteed Rx rebates in lieu of a 100% pass through contract?

A74: Pharmacy proposals must provide that 100% of rebates are retained by the City (per Section 3.2 of the Request for Proposals).

Q75: Is the city's current contract with Caremark/CVS on a fully transparent and pass-through basis?

A75: No.

Q76: If not, what percentage of rebates does the plan receive?

A76: The PBM retains 5% of rebates and BCBST returns all rebates it receives from PBM to Employer.

Q77: Please provide a detailed utilization file with the following items:

- Claim Information by Drug dispensed for a 12 month period
- Date of Service
- National Drug Code (NDC) = 11 digit number
- NABP (Pharmacy) Number
- Quantity Dispensed
- Days Supply
- Retail/Mail Indicator
- Brand/Generic Indicator

A77: This information has been requested and will be available upon request to Lisa Stamm. Please see above A11 for contact information.

Q78: Please confirm the Life and LTD should be Non-ERISA?

A78: Confirmed.

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Q79: Please confirm the rates should be net of commissions?

A79: Please see above A16.

Q80: Are all lines of coverage (Basic Life, AD&D, Supplemental Life and LTD) non-contributory?

A80: All lines (basic life, AD&D, supplemental life and LTD) are non-contributory.

Q81: Rates were not submitted. What are the rates for Basic Life, AD&D, Supplemental Life and LTD? Can we get the rate history back to 2008 for all lines?

A81: Please see Addendum No. 1 A1.2.

Q82: Is there Portability on the Supplemental Life?

A82: No.

Q83: RFP asks that we grandfather Supplemental life benefit amounts and rates. A census with Supplemental life participation was not submitted. Can we get a census detailing who has supplemental life? We will need Dates of birth, gender and benefit amounts. If we cannot get a census, can you provide the participation level in the Supplemental life?

A83: Please see above A2.

Q84: The Basic Life experience is 13 months old. In order to use the experience, we need rates, and experience for the full year of 2011 which includes premium and claims. Also, can we get waiver of premium claims for the entire experience period?

A84.1: As to rates, please see Addendum No. 1 A1.2.

A84.2: As to experience, please see above A3.

A84.3: As to waiver of premium claims for the current period, please see above A5. Waiver of premium claims are not available for other periods.

Q85: LTD experience is 14 months old. Need updated experience through December 2011. Also we will need an open and closed claim listing with Dates of Birth, Gender, Benefit amounts, Date of disability and Termination dates (for closed claims).

A85: Please see above A3.

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Q86: Would the group consider a fully insured [dental] alternative?

A86: The City is currently seeking self-funded dental proposals but will consider fully insured dental proposals.

Q87: How long has the group been with Delta Dental?

A87: July 1, 2005.

Q88: Please provide claims and enrollment by month.

A88: Please see above A3.

Q89: How long has the LTD been with CIGNA?

A89: July 1, 2007

Q90: Please provide carrier/rate.

A90: Please see above A3.

Q91: Please provide a current Paid and Incurred, including average lives and volume by period. Please provide a detailed open and closed claims listing including: date of disability, date of birth (or age), gender, net monthly benefit, reserve amount, total paid to date, social security status and offsets (or gross monthly benefit), diagnosis and date of recovery.

A91: Please see above A3.

Q92: [We are] interested in reviewing & proposing a health benefit solution for the post-65 retirees of the City. The current RFP does not include information on these individuals. Would it be possible to let me know when those benefits might be available for review or proposal and/or what the City is currently providing for those individuals.

A92: The City does not currently provide health benefits for post-65 retirees.

Q93: We would appreciate receiving the additional experience on group life and LTD as soon as possible.

A93: Please see above A3.

Q94: It looks like we still need current rates for the Life, Supplemental Life and LTD.

A94: Please see Addendum No. 1 A1.2.

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Q95: Current bill for the Supplemental Life showing who is currently enrolled.

A95: Please see above A2. The census has been updated to show elections, so a current bill will not be provided.

Q96: It looks like the Dental is an ASO, is this correct?

A96: Correct.

Q97: I did not see any of the following information included with your original email, could you please provide the following for us to quote on the Dental, Group Life & AD&D, Supplemental Life and Long Term Disability:

- copies of your current plan booklets
- current rates
- last 3 years claims experience
- copy of current bill for Supplemental Life
- census (including occupations, salaries, Supplemental Life and Dental elections)

Does the City of Franklin contribute toward the cost of the Dental, or is it Employee paid?

A97.1: As to current plan booklets, please see above A11.

A97.2: As to current rates, please see Addendum No. 1 A1.2.

A97.3: As to claims experience, please see above A3.

A97.4: Please see above A2. The census has been updated to show elections, so a current bill will not be provided.

A97.5: As to census, please see above A12.

A97.6: As to the cost of the dental, the City contributes toward the cost of the dental.

Q98: I will need a census that includes optional life elections.

A98: Please see above A2. The census has been updated to show elections.

Q99: I see life experience through 1/1/11. Please provide the most recent 12 month period and earlier experience if it is available.

A99: Please see above A3.

City of Franklin Addendum No. 3 to
Purchasing Office Solicitation No.: 2012-022

Q100: I will need open/closed LTD report including Gender, DOB, DOD and net benefit. Rate and lives history would also be very helpful.

A100.1: As to open/closed LTD report, please see above A3.

A100.2: As to rate history, please see Addendum No. 1 A1.2.

Q101: Dental: Looks like this is an ASO, There is a Delta Dental report showing all different slices of claims information but what I need to run the b/e is a report that includes monthly covered lives and claims.

A101: Please see above A3.

Q102: Have there been any [dental] benefit changes within the last 2 years, if so what were they and when did they take place? Are network utilization reports available?

A102.1: As to dental benefit changes, on 7/1/2011, changed to Dual Network Advantage Plan.

A102.2: As to network utilization reports, these are now available upon request to Lisa Stamm. Please see above A11 for contact information.

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15. Acknowledge receipt of addendum: Proposers shall acknowledge receipt of this addendum on the Proposal Submittal Form in the space to the right of the text on that form that reads, "Receipt acknowledged of any and all issued addenda to this solicitation."
16. Questions: The deadline for optional submittal in writing of questions seeking to revise or clarify any aspect of this procurement solicitation has now passed. To ask questions of a procedural nature, please contact:

City of Franklin Purchasing Office
Franklin City Hall, Suite 107
109 3rd Ave. South
Franklin, TN 37064
purchasing@franklinton.gov
Tel: 615/550-6692
Fax: 615/550-0079
17. Communication with City during procurement phase: Any questions about either the content of or the procurement process pertaining to this procurement solicitation should be addressed as described above. Until the procurement award has been made, vendors shall not communicate about either the content of or the procurement process pertaining to this procurement solicitation with any official, employee or other representative of the City except through the City's Purchasing Office. The City reserves the right to disqualify any vendor that initiates unauthorized communication with the City during the procurement phase.